



## VICTIM / MEMBER OF THE PUBLIC REQUEST FOR NOTIFICATION

DATE: \_\_\_\_\_

**NOTE: It is the responsibility of the victim or victim's representative to provide the Department of Correction with a current mailing address and to keep the department informed of any changes in the mailing address.**

**BY LAW, CONTACT INFORMATION FOR REGISTERED VICTIMS OF CRIME, FAMILY MEMBERS, AND INTERESTED MEMBERS OF THE PUBLIC WILL BE HELD CONFIDENTIAL.**

OFFENDER NAME: \_\_\_\_\_ TOMIS ID: \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ DOB: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

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**By Registering, you will be notified of Parole Hearing, Parole Decisions, and Releases as applicable.**

**NOTE: Failure to provide complete contact information requested may delay or prevent Victim Services from processing your request.**

YOUR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP CODE \_\_\_\_\_

PHONE NUMBER: Home ( ) Work ( ) Cell: ( )

E-MAIL ADDRESS: \_\_\_\_\_

**ARE YOU THE VICTIM?** ☐ Yes ☐ No

**IF NOT, PLEASE INDICATE YOUR RELATIONSHIP TO THE VICTIM: Please check "Ö" one:**

☐ Spouse ☐ Parent ☐ Child ☐ Sibling ☐ Grandparent ☐ Grandchild

☐ Step parent ☐ Step child ☐ Step sibling ☐ Half sibling ☐ Other \_\_\_\_\_

VICTIM'S NAME: \_\_\_\_\_

SPECIAL NOTES: \_\_\_\_\_

### MAIL TO:

Tennessee Department of Correction  
Victim Services Division  
404 James Robertson Pkwy, Suite 1300  
Nashville, Tennessee 37243-0850

*For Question please contact:*

Phone: (615) 253-8145

Fax: (615) 741-5337

or e-mail: [Victim.Notification@tn.gov](mailto:Victim.Notification@tn.gov)

FOR OFFICIAL USE ONLY Date entered \_\_\_\_\_ Registration Type \_\_\_\_\_ VPIN \_\_\_\_\_

Special Instructions \_\_\_\_\_ Entered by \_\_\_\_\_